FILED Aug 20, 2007 8:00 am Secretary of State 07-17-2007 90007 021 ****50.00

ANNUAL REPORT				0/-1/-200/	90007 021 ******50.00
1. Entity Name	MENT # L040000836 PERFUME LLC	29			
Principal Place of Business Mailing Address 6601 LYONS RD G-7 COCONUT CREEK, FL 33073 Mailing Address COCONUT CREEK, FL 33073			30012337		
DO NOT WRITE IN THIS SPACE				4. FEI Number 20-1909320	CR2E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			
GAL, BEN 6601 LYONS ROAD G-7 COCONUT CREEK, FL 33073			DO NOT WRITE IN THIS SPACE		
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable [NOTE Registered Agent tignature required when remetating) OATE					
Filing Fee is \$50.00 Due by September 14, 2007					
9.	MANAGING MEMBER	S/MANAGERS	T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAL, BEN 6601 LYONS RD G-7 COCONUT CREEK, FL 33073				
HITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVNI, RON 6601 LYONS RD G-7 COCONUT CREEK, FL 33073				
TITLE NAME STREET ADDRESS CITY+ST+ZIP				DO NOT WR	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ICE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Forida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or thustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

F SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE